ELDER AFFAIRS – FEDERAL AID REQUEST

Care Coordination
$444,960

Case Management and counseling services for older adults residing in impacted areas of the State to link older adults with the array of service supports that will bridge the gap between the FEMA assistance received and unmet service needs.

Access and Advocacy
$122,423

The Area Agencies on Aging are prepared to expand current outreach and referral services to an estimated 10,000 FEMA applicants age 60 and older and their caregivers through direct mail, telephone, and door-to-door outreach efforts. These efforts are also expected to assist older Iowans who need assistance but did not apply to FEMA.

Nutrition Services
$1,810,343

This funding will enable on-going congregate and home-delivered meal services to continue serving more than 1,400 individuals by providing temporary prep sites for kitchens that were destroyed by natural disasters until they are rebuilt or replaced. It also deals with the increase in demand for both congregate and home-delivered meals.

Transportation
$50,000

This funding will ensure that transportation services are provided to frail older Iowans, primarily in the Cedar Rapids-Marion area, who have been relocated to FEMA villages or are otherwise displaced with no other means to travel to the grocery store, pharmacy, health providers, church, or to visit friends and family until normal conditions are restored.

In-Home Support
$1,394,922

This support includes respite care, chore maintenance, home repair, homemaker, and telephone reassurance, which are services not provided by FEMA and in high demand in affected areas. Three of the four largest Area Agencies on Aging reported huge spikes in request for these services.

Non-Residential Support
$78,900

This supports additional family care giver support, particularly the need for respite care for families that are now experiencing full-time in-home care for a frail older adult.

Health Maintenance

$4,551

Preventative health and medication management services for older Iowans.

Material Aid
$1,267,080

More than 67,000 Iowans age 60+ lack adequate access to housing, meal services, clean up and repair services, debris removal and sanitation, and the array of supports that allow them to remain independent and healthy.

Legal Assistance
$204,228

The Legal Aid hot-line experienced a spike in calls this summer regarding mortgage foreclosure, financial abuse, buy-outs, home repair and modification scams, and financial exploitation that Attorney Tom Miller has issued numerous warnings about since June.

Total Request from DEA:
$5,377,407

Note: This report is as received from the Iowa Department of Elder Affairs.

Governmental Public Health System Modernization Act
Section-by-Section Summary
9.15.08

Overview: This act establishes a new chapter, 135A, titled the Governmental Public Health System Modernization Act. The act is a result of collaboration and planning since 2004 among local and state public health and private entities to increase public health system capacity and provide equitable delivery of public health services.

The act establishes the Iowa Department of Public Health as the lead agency to administer the act. It establishes a Governmental Public Health Advisory council to advise the department on the administration and implementation of the act. The council will propose standards that will be the basis for voluntary accreditation of local public health agencies and the department. The council will also recommend an independent entity that will administer the accreditation process.

The act also establishes a Governmental Public Health Evaluation committee and authorizes a data collection system. The committee will collect and report baseline information on public health system and service delivery effectiveness and needs. The data will be used to evaluate the effectiveness of the governmental public health system and the voluntary accreditation process.

The act also establishes a Governmental Public Health System Development Fund dedicated to assist local boards of health and the department in administering and implementing the act and sustaining the state public health system including grants to local boards of health. The act outlines the adoption of rules by the State Board of Health and establishes a civil penalty for any local board of health or local public health agency that fraudulently claims to be accredited under this chapter.

Section-by-Section

135A.1 SHORT TITLE.
Titles the chapter the "Iowa Governmental Public Health System Modernization Act".

135A.2 LEGISLATIVE FINDINGS AND INTENT – PURPOSE.
This section provides an overview of the act, why it is important, identifies the problem, what is being done to address the problem, and who has been involved.

135A.3 DEFINITIONS.
This section defines words or phases applicable to this code chapter.

135A.4 GOVERNMENTAL PUBLIC HEALTH SYSTEM MODERNIZATION AND LEAD AGENCY.
Designates the Iowa Department of Public Health as the lead agency to administer the act, establishes that the governmental public health system includes local boards of health, State Board of Health, designated local public health agencies and the department. Also codifies the

organizational capacity and public health service components used in development of the Iowa public health standards.

135A.5 GOVERNMENTAL PUBLIC HEALTH ADVISORY COUNCIL ESTABLISHED.
This section establishes the council, its membership and responsibilities. The council will advise the department on the administration and implementation of the act. This includes proposing standards by October 1, 2009 that will be the basis for a voluntary accreditation of local public health agencies and the department.

The council will also identify an entity to oversee and implement the voluntary accreditation process by January 2, 2010, which includes a pilot accreditation process for one designated local public health agency and the department by July 1, 2011. Actual implementation of voluntary accreditation for local agencies statewide and the department begins January 2, 2012.

135A.6 GOVERNMENTAL PUBLIC HEALTH EVALUATION COMMITTEE ESTABLISHED.
This section establishes the council, its membership and responsibilities. The committee will collect and report baseline information on public health system and service delivery effectiveness and needs. The data will be used to evaluate the effectiveness of the governmental public health system and the voluntary accreditation process.

135A.7 GOVERNMENTAL PUBLIC HEALTH SYSTEM AND ACCREDITATION DATA COLLECTION SYSTEM ESTABLISHED.
This section outlines the data collection process, use, and authority for confidentiality when needed that will be used to monitor and assess the governmental public health system and accreditation process. Requires an initial report by January 1, 2012 and an annual report to the department by July 1.

135A.8 GOVERNMENTAL PUBLIC HEALTH SYSTEM DEVELOPMENT FUND.
Establishes a Governmental Public Health System Development Fund in the State Treasury dedicated to assist local boards of health and the department in administering and implementing the act. Outlines a minimum of 70 percent of the funds shall be made available to local boards of health and 30 percent to the department. Establishes a matching fund requirement, on a dollar-for-dollar basis, for equipment acquisition and grants to local boards of health that are in the process of obtaining voluntary accreditation or have obtained voluntary accreditation.

135A.9 STATE BOARD OF HEALTH TO ADOPT RULES.
Establishes that the State Board of Health shall adopt rules to implement the act.

135A.10 PROHIBITED ACTS-FRAUDULENT ACCREDITATION AND CIVIL PENALTY.
Establishes a civil penalty of $1000 per day for any local board of health or local public health agency that fraudulently claims to be accredited under this chapter.

135A.11 IMMEDIATE EFFECTIVE DATE.
Makes the bill effective upon enactment.

IOWA CODE

CHAPTER 135A
GOVERNMENTAL PUBLIC HEALTH SYSTEM

135A.1 SHORT TITLE
This chapter is cited as the "Iowa Governmental Public Health System Modernization Act".

135A.2 LEGISLATIVE FINDINGS AND INTENT -- PURPOSE
The general assembly finds the following:

1. A sound governmental public health system is vital to the good health of all Iowans. Iowa's governmental public health system reduces health care costs by promoting healthy behaviors, preventing disease and injury, and protecting the health of the population.

2. The current foundation and organizational capacity for governmental public health does not allow for the equitable delivery of public health services. Governmental public health is provided by county boards of health, city boards of health, one district board of health, the state board of health, and the department. Varying degrees of authority, administration, and organizational capacity for providing public health services exist from community to community.

3. The governmental public health system modernization act will allow boards of health, designated local public health agencies and the department to increase system capacity, improve the equitable delivery of public health services, address quality improvement, improve system performance, and provide a foundation to measure outcomes through a voluntary accreditation program. The act will assure the public of the availability of a basic level of public health service in every community.

4. The public health modernization act is the result of extensive collaboration among governmental public health including local boards of health, local public health agencies, the department, and the state board of health; and academia, and professional associations.

135A.3 DEFINITIONS
As used in this subchapter, unless otherwise required:

"Academic institution" means an institution of higher education and research in the state which grants undergraduate and post graduate degrees and is accredited by a nationally recognized accrediting agency as determined by the U.S. Secretary of Education. Accredited for this purpose shall mean a certification of the quality of an institution of higher learning.

"Accrediting entity" means at a minimum a legal, independent, non-profit or governmental entity or entities approved by the state board of health.

"Administration" means the operational procedures, personnel and fiscal management systems, and facility requirements that must be in place for the delivery and assurance of public health services.

"Communication and information technology" means the processes, procedures, and equipment needed to provide public information and transmit and receive information among public health entities and community partners; and applies to the procedures, physical hardware, and software required to transmit, receive, and process electronic information.

"Community assessment and planning" means collaborative data collection and analysis for completion of population-based community health assessments and community health profiles and the process of developing improvement plans to address the community health needs and identified gaps in public health services.

"Committee" means the governmental public health evaluation committee as established in this chapter.

"Council" means the governmental public health advisory council as established in this chapter.

"Department" means the Iowa department of public health.

"Designated local public health agency" means an entity that is designated by a local board of health to comply with the Iowa public health standards for a jurisdiction. The designated local public health agency shall either be governed by or contractually responsible to the local board of health.

"Program **e**valuation" means a systematic approach to determine accessibility, quality, and effectiveness of public health services provided by a designated local public health agency.

"Governance" means the functions and responsibilities of the local boards of health and the state board of health to oversee governmental public health matters.

"Iowa public health standards" means the governmental public health standards adopted by rule by the state board of health.

"Local board of health" means a county or district board of health.

"Organizational capacity" means the governmental public health infrastructure that must be in place in order to deliver public health services.

"Public health services" means the basic public health services that all Iowans should reasonably expect to be delivered by designated local public health agencies and the department.

"Prepare for, respond to, and recover from public health emergencies" means activities to prepare the public health system and community partners to respond to public health threats, emergencies, and disasters and to assist in the recovery process.

"Prevent epidemics and the spread of disease" means the surveillance, detection, investigation, and prevention and control measures that prevent, reduce, or eliminate the spread of infectious disease.

"Prevent injuries" means activities that facilitate the prevention, reduction, or elimination of intentional and unintentional injuries.

"Promote healthy behaviors" means activities to assure services that promote healthy behaviors to prevent chronic disease and reduce illness.

"Protect against environmental hazards" means activities that reduce or eliminate the risk factors detrimental to the public's health within the natural or built environment.

"Public health region" means, at a minimum, one of six geographical areas approved by the state board of health for the purposes of coordination, resource sharing, planning and to improve delivery of public health services.

"System evaluation" means the evaluation of the effectiveness of the governmental public health system's capacity to provide public health services pursuant to the Iowa public health standards.

"Voluntary accreditation" means verification of a designated local public health agency and the department that demonstrates compliance with the Iowa public health standards by a legal, independent, non-profit or governmental entity or entities approved by the state board of health.

"Workforce" means the necessary qualified and competent staff required to deliver public health services.

135A.4 GOVERNMENTAL PUBLIC HEALTH SYSTEM MODERNIZATION AND LEAD AGENCY

1. The department is designated as the lead agency in this state to assure the administration of the Iowa public health system modernization act.

2. The department in collaboration with the governmental public health advisory council and the governmental public health evaluation committee shall coordinate implementation of this chapter including, but not limited to, the voluntary accreditation of

designated local public health agencies and the department in accordance with the Iowa public health standards. This shall include evaluation and quality improvement for the governmental public health system.

3. The governmental public health system shall include but not be limited to the following entities:

a. Local boards of health.
b. State board of health.
c. Designated local public health agencies.
d. The department.

4. The governmental public health system in accordance with the Iowa public health standards shall include but not be limited to the following organizational capacity components and public health service components:

a. Organizational capacity components
1.Governance.
2. Administration.
3. Communication and information technology.
4. Workforce.
5. Community assessment and planning.
6. Evaluation.

b. Public health service components
1. Prevent epidemics and the spread of disease.
2. Protect against environmental hazards.
3. Prevent injuries.
4. Promote healthy behaviors.
5. Prepare for, respond to, and recover from public health emergencies.

135A.5 GOVERNMENTAL PUBLIC HEALTH ADVISORY COUNCIL ESTABLISHED

1. A governmental public health advisory council is established to advise the department and make policy recommendations to the director concerning administration, implementation, and coordination of this chapter and to make recommendations to the department regarding the governmental public health system. The council shall meet at a minimum of quarterly. The council shall consist of no fewer than 15 members and no greater than 23 members and the members shall be appointed by the director. The director may solicit and consider recommendations from professional organizations, associations, and academic institutions in making appointments to the council.

2. Council members shall not be members of the governmental public health evaluation committee.

3. Council members shall serve for a term of two years and may be reappointed for a maximum of three consecutive terms. Initial appointment shall be in staggered terms. Vacancies shall be filled for the remainder of the original appointment.

4. The minimum membership of the council shall be as follows:

a. One member who has expertise in injury prevention;
b. One member who has expertise in environmental health;
c. One member who has expertise in emergency preparedness;
d. One member who has expertise in health promotion and chronic disease prevention;
e. One member who has epidemiological expertise in communicable and infectious disease prevention and control;
f. One employee of a designated local public health agency or member of a local board of health representing each of Iowa's six public health regions that shall include at a minimum of one local public health administrator and one physician member of a local board of health.
g. Two members from the department;
h. The director or designee of the State Hygienic Laboratory at the University of Iowa;
i. At least one representative from an institution of higher education and research in the state which grants undergraduate and post graduate degrees in public health or other related health field and is accredited by a nationally recognized accrediting agency as determined by the U.S. Secretary of Education. Accredited for this purpose shall mean a certification of the quality of an institution of higher learning;
j. Two members who serve on a county board of supervisors;
k. Two Iowa senators and two Iowa representatives, one each to be chosen by the leadership of the majority and minority caucuses in each chamber. These shall be ex-officio non-voting members.
l. A member of the state board of health who shall be an ex-officio non voting member.
m. The council may utilize other relevant public health expertise when necessary to carry out its roles and responsibilities.

5. The governmental public health advisory council shall:

a. Advise the department and make policy recommendations to the director concerning administration, implementation, and coordination of this chapter and the governmental public health system.
b. Propose to the director public health standards that should be utilized for voluntary accreditation of designated local public health agencies and the department that include, but is not limited to, the organizational capacity and public health service components pursuant to 135A.4(4) by October 1, 2009.
c. Recommend to the department an accrediting entity, that at a minimum is a legal, independent, non-profit or governmental entity or entities and identify the roles and responsibilities to oversee and implement the voluntary accreditation of designated local public health agencies and the department by January 2, 2010. This shall include completion of a pilot accreditation process for one designated local public health agency and the department by July 1, 2011.

d. Recommend to the director strategies to implement voluntary accreditation of designated local public health agencies and the department effective January 2, 2012.
e. Periodically review and make recommendations to the department regarding revisions to the public health standards pursuant to 135A.5(2)c. as needed and based on reports prepared by the governmental public health system evaluation committee pursuant to 135A.6.
f. Review rules developed and adopted by the state board of health under this chapter and make recommendations to the department for revisions to further promote implementation of this act and modernization of the governmental public health system.
g. Form and utilize subcommittees as necessary to carry out duties of the council.

135A.6 GOVERNMENTAL PUBLIC HEALTH EVALUATION COMMITTEE ESTABLISHED

1. A governmental public health evaluation committee is established to develop, implement and conduct evaluation of the governmental public health system and voluntary accreditation program. The committee shall meet at least quarterly. The committee shall consist of no fewer than 11 members and no greater than 13 members and the members shall be appointed by the director. The director may solicit and consider recommendations from professional organizations, associations, and academic institutions in making appointments to the committee.

2. Committee members shall not be members of the governmental public health advisory council.

3. Committee members shall serve for a term of two years and may be reappointed for a maximum of three consecutive terms. Initial appointment shall be in staggered terms. Vacancies shall be filled for the remainder of the original appointment.

4. The minimum membership of the committee shall be as follows:

a. At least one employee or administrator of a designated local public health agency or member of a local board of health representing each of Iowa's six public health regions ensuring expertise in the following areas, communicable and infectious diseases, environmental health, injury prevention, healthy behaviors, and emergency preparedness.
b. Two members from the department.
c. A representative of the State Hygienic Laboratory at the University of Iowa.
d. At least two representative from an institution of higher education and research in the state which grants undergraduate and post graduate degrees in public health or related health field and is accredited by a nationally recognized accrediting agency as determined by the U.S. Secretary of Education. Accredited for this purpose shall mean a certification of the quality of an institution of higher learning.
e. At least one economist who has demonstrated experience in public health, health care or a health related field.
f. At least one research analyst.
g. The committee may utilize other relevant public health expertise when necessary to carry out its roles and responsibilities.

5. The governmental public health system evaluation committee shall:

a. Develop and implement a process for governmental system evaluation and a process for evaluation of the voluntary accreditation program.
b. Collect and report baseline information for organizational capacity and public health service delivery based on the Iowa public health standards by governmental public health prior to implementation of the voluntary accreditation program January 1, 2012.
c. Evaluate effectiveness of the accrediting entity and voluntary accreditation process.
d. Evaluate the appropriateness of the Iowa public health standards and measures to determine reliability and validity.
e. Determine what process and outcome improvements in the governmental public health system are attributable to voluntary accreditation.
f. Assure evaluation process is capturing data to support key research in governmental public health system effectiveness and health outcomes.
g. Annually submit a report to the department by July 1.
h. Form and utilize subcommittees as necessary to carry out duties of the committee.

135A.7 GOVERNMENTAL PUBLIC HEALTH SYSTEM AND ACCREDITATION DATA COLLECTION SYSTEM ESTABLISHED

1. The department shall establish and maintain a governmental public health system and accreditation data collection system by which the State board of health, the director, the department, the advisory council and the evaluation committee may monitor the implementation and effectiveness of the governmental public health system based on the Iowa public health standards.

2. Notwithstanding section 22.7 or other provision of law, local boards of health shall provide to the department and the accreditation entity upon request all data and information necessary to determine the local board's capacity to comply with the Iowa public health standards, including but not limited to data and information regarding governance, administration, communication and information technology, workforce, personnel, staffing, budget, contracts, and other program and agency information.

3. The department may share any data or information collected pursuant to this section with the system advisory council or the evaluation committee as necessary to perform the duties of the council and committee. Data and information provided to the department under this section which are confidential pursuant to 22.7(2), 22.7(11), 22.7(50), 139A.3 or other provision of law remain confidential and shall not be released by the department or the council or committee.

4. All accreditation files and reports prepared or maintained by the accrediting entity are confidential and are not subject to discovery, subpoena, or other means of legal compulsion for their release. However, the accreditation status of an applicant designated local public health agency or department is public information.

5. To the extent possible, activities under this section shall be coordinated with other health data collection systems including those maintained by the department.

135A.8 GOVERNMENTAL PUBLIC HEALTH SYSTEM DEVELOPMENT FUND

1. The department is responsible for the funding of the administrative costs of this chapter. A governmental public health system development fund is created as a separate fund in the state treasury under the control of the department. The funds shall consist of funds obtained from any source, including the federal government unless otherwise prohibited by law or the funder. The moneys collected under this section and deposited in the fund are appropriated to the department for the public health purposes specified in this chapter. Moneys in the fund shall not be transferred, used, obligated, appropriated, or otherwise encumbered except as provided in this paragraph. Notwithstanding section 8.33, moneys in the governmental public health system development fund at the end of the fiscal year shall not revert to any other fund but shall remain in the governmental public health system development fund for subsequent fiscal years.

2. The fund is established to assist local boards of health and the department for the provision of governmental public health organizational capacity and public health service delivery and to achieve and maintain voluntary accreditation in accordance with the Iowa public health standards. At a minimum seventy percent of the funds shall be made available to local boards of health and thirty percent of the funds may be utilized by the department.

3. Moneys may be allocated by the department to a local board of health for organizational capacity and service delivery by matching, on a dollar-for-dollar basis for the acquisition of equipment, and by providing grants to local boards of health to achieve and maintain voluntary accreditation in accordance with the Iowa public health standards.

4. A local board of health seeking matching funds or a grant under this section shall apply to the department. The state board of health shall adopt rules concerning the application and awarding process for the allocation of moneys in the fund and shall establish the criteria for the allocation of moneys in the fund if the moneys are insufficient to meet the needs of local boards of health.

135A.9 STATE BOARD OF HEALTH TO ADOPT RULES.

The state board of health shall adopt rules pursuant to chapter 17A to implement the Iowa public health system modernization act to include but is not limited to the following:

a. Incorporation of the Iowa public health standards pursuant to 135A.4(5).
b. A voluntary accreditation process to begin no later than January 2, 2012 for designated local public health agencies and the department.
c. Governmental public health advisory council.
d. Governmental public health system evaluation committee.

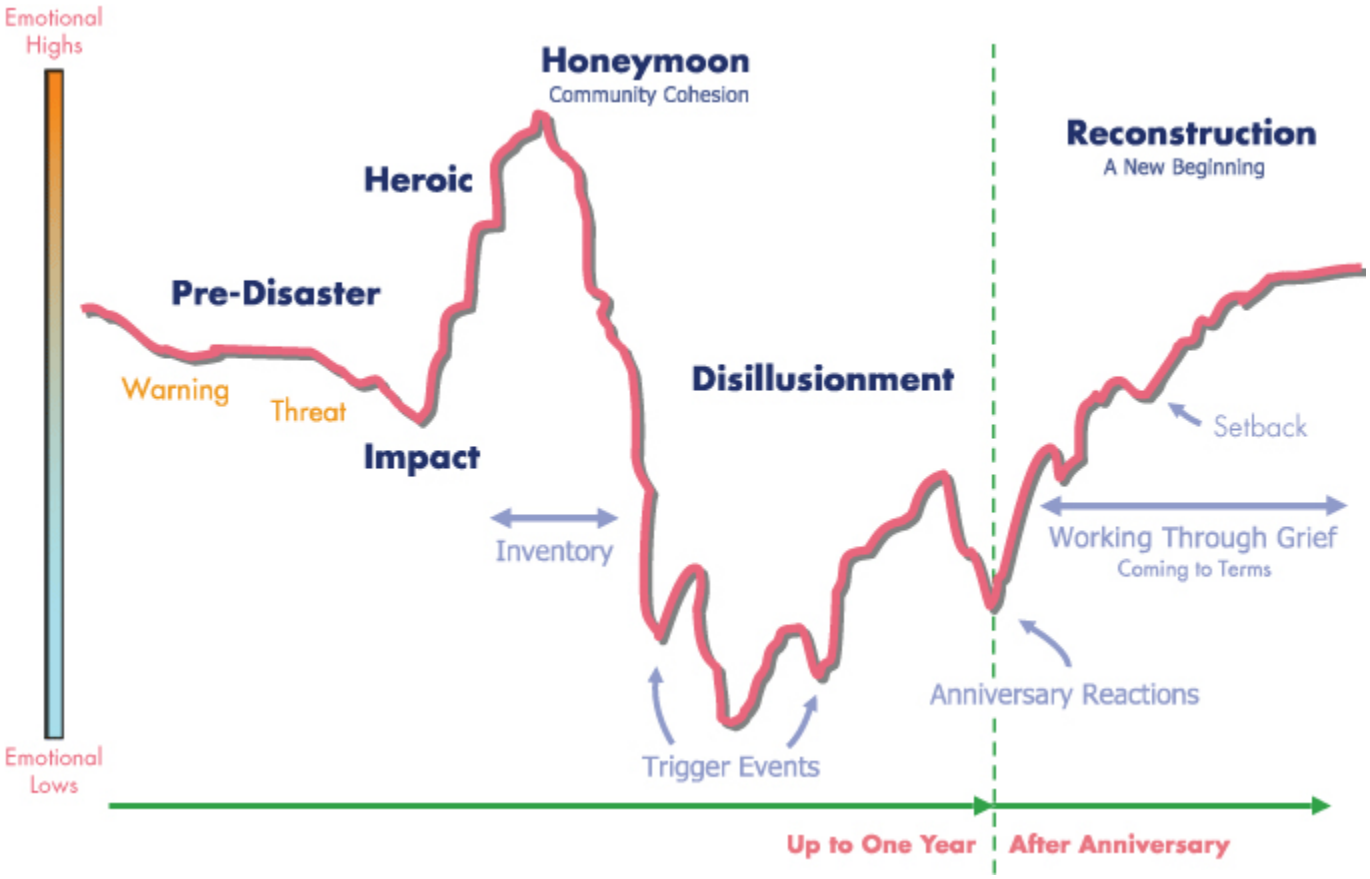
e. Application and awarding process for governmental public health system development funds.
f. Governmental public health, voluntary accreditation and standards data collection.
g. As otherwise necessary to implement the chapter.

135A.10 PROHIBITED ACTS-FRAUDULENT ACCREDITATION AND CIVIL PENALTY
A local board of health or local public health agency that imparts or conveys, or causes to be imparted or conveyed, that it is accredited pursuant to this chapter or that uses any other term to indicate or imply it is accredited without doing so under this chapter is subject to a civil penalty not to exceed one thousand dollars per day for each offense. However, nothing in this chapter shall be construed to restrict a local board of health or local public health agency from providing any services for which it is duly authorized.

135A.11 IMMEDIATE EFFECTIVE DATE.
This act is effective upon enactment.

[1]PHASES OF DISASTER: COLLECTIVE REACTIONS

The graphic below illustrates the general progression of the disaster effects and reactions on communities from the pre-disaster or warning phase through the reconstruction phase. You can read more about each phase by clicking on the phase titles.



Iowa Department of Human Services, Mental Health and Disability Services

Pre-Disaster Phase

Disasters vary in the amount of warning communities receive before they occur. For example, earthquakes typically hit with no warning; whereas, hurricanes and floods typically arrive within hours to days of warning. When there is no warning, survivors may feel more vulnerable, unsafe, and fearful of future unpredicted tragedies. The perception that they had no control over protecting themselves or their loved ones can be deeply distressing.

When people do not heed warnings and suffer losses as a result, they may experience guilt and self-blame. While they may have specific plans for how they might protect themselves in the future, they can be left with a sense of guilt or responsibility for what has occurred.

Impact Phase

The impact phase of a disaster can vary from the slow, low-threat buildup associated with some types of floods to the violent, dangerous, and destructive outcomes associated with tornadoes and explosions. The greater the scope, community destruction, and personal losses associated with the disaster, the greater the psychosocial effects.

Depending on the characteristics of the incident, people's reactions range from constricted, stunned, shock-like responses to the less common overt expressions of panic or hysteria. Most typically, people respond initially with confusion and disbelief, and focus on the survival and physical well-being of themselves and their loved ones. When families are in different geographic locations during the impact of a disaster (e.g., children at school, adults at work), survivors will experience considerable anxiety until they are reunited.

Heroic Phase

In the immediate aftermath of a disaster event, survival, rescuing others, and promoting safety are priorities. Evacuation to shelters, motels, or other homes may be necessary. For some, post-impact disorientation gives way to adrenaline-induced rescue behavior to save lives and protect property. While activity level may be high, actual productivity is often low. The capacity to assess risk may be impaired and injuries can result. Altruism is prominent among both survivors and emergency responders.

The conditions associated with evacuation and relocation have psychological significance. When there are physical hazards or family separations during the evacuation process, survivors often experience post trauma reactions. When the family unit is not together due to shelter requirements or other factors, an anxious focus on the welfare of those not present may detract from the attention necessary for immediate problem solving.

Honeymoon Phase

During the week to months following a disaster, formal governmental and volunteer assistance may be readily available. Community bonding occurs as a result of sharing the catastrophic experience and

the giving and receiving of community support. Survivors may experience a short-lived sense of optimism that the help they will receive will make them whole again. When disaster mental health workers are visible and perceived as helpful during this phase, they are more readily accepted and have a foundation from which to provide assistance in the difficult phases ahead.

Disillusionment Phase

Over time, survivors go through an inventory process during which they begin to recognize the limits of available disaster assistance. They become physically exhausted due to enormous multiple demands, financial pressures, and the stress of relocation or living in a damaged home. The unrealistic optimism initially experienced can give way to discouragement and fatigue. As disaster assistance agencies and volunteer groups begin to pull out, survivors may feel abandoned and resentful. Survivors calculate the gap between the assistance they have received and what they will require to regain their former living conditions and lifestyle. Stressors abound—family discord, financial losses, bureaucratic hassles, time constraints, home reconstruction, relocation, and lack of recreation or leisure time. Health problems and exacerbations of pre-existing conditions emerge due to ongoing, unrelenting stress and fatigue.

The larger community less impacted by the disaster has often returned to business as usual, which typically is discouraging and alienating for survivors. Ill will and resentment may surface in neighborhoods as survivors receive unequal monetary amounts for what they perceive to be equal or similar damage. Divisiveness and hostility among neighbors undermine community cohesion and support.

Reconstruction Phase

The reconstruction of physical property and recovery of emotional well-being may continue for years following the disaster. Survivors have realized that they will need to solve the problems of rebuilding their own homes, businesses, and lives largely by themselves and have gradually assumed the responsibility for doing so.

With the construction of new residences, buildings, and roads comes another level of recognition of losses. Survivors are faced with the need to readjust to and integrate new surroundings as they continue to grieve losses. Emotional resources within the family may be exhausted, and social support from friends and family may be worn thin.

When people come to see meaning, personal growth, and opportunity from their disaster experience despite their losses and pain, they are well on the road to recovery. While disasters may bring profound life-changing losses, they also bring the opportunity to recognize personal strengths and to reexamine life priorities.

Individuals and communities progress through these phases at different rates, depending on the type of disaster and the degree and nature of disaster exposure. This progression may not be linear or sequential, as each person and community brings unique elements to the recovery process. Individual variables, such as psychological resilience, social support, and financial resources, influence a survivor's capacity to move through the phases. While there is always a risk of aligning expectations too rigidly with a developmental sequence, having an appreciation of the unfolding of psychosocial reactions to disaster is valuable.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2000). ***Training manual for mental health and human services workers in major disasters, second edition.*** **Washington, DC.**

Iowa Department of Human Services

Project Recovery Iowa
DEPARTMENT OF HUMAN SERVICES

Crisis Counseling Program – Service Summary
October 10th 2008

The Crisis Counseling Program is a strengths-based, outreach-oriented approach to helping disaster survivors access and identify personal and community resources that will aid the recovery process. It consists primarily of supportive, educational, face-to-face interventions with individuals and communities in their natural environments.

Contacts, Material Distribution and Community Networking Data Counts:

Type of Contact	Week of Sept 28th	Total
In-person brief educational or supportive contact	380	17,837
Telephone contact	74	8,081
E-mail contact	52	1,935
Material handed to people with no or minimal contact	2,646	65,439
Material mailed to people's homes	139	6,073
Material left in public places	897	38,433
Community networking and coalition building	313	14,650
Public education/group counseling sessions held	32	220
Participants attending public ed./group sessions	428	4,338

Individual Counseling Summary:

	Week of Sept 28th	Total
Individual Crisis Counseling Sessions	252	6,403
First Time Contacts	204	5,467

Duration of Counseling Sessions							
15-29 min		30-44min		45-59min		60+min	
Curr Wk	Total	Curr Wk	Total	Curr Wk	Total	Curr Wk	Total
60.7%	63.7%	29.7%	24.7%	5.4%	5.4%	4.2%	6.2%

Percent Referred to Services	94.8%	75.7%

Total Contact (brief educational/supportive contacts as well as individual and group counseling sessions):

	Week of Sept 28th	Total
Telephone contact	74	8,081
Brief Contacts	380	17,837
Participants attending public ed./group sessions	428	4,338
Individual Crisis Counseling (15min minimum)	252	6,403
Total In-person Contacts	1,134	36,659

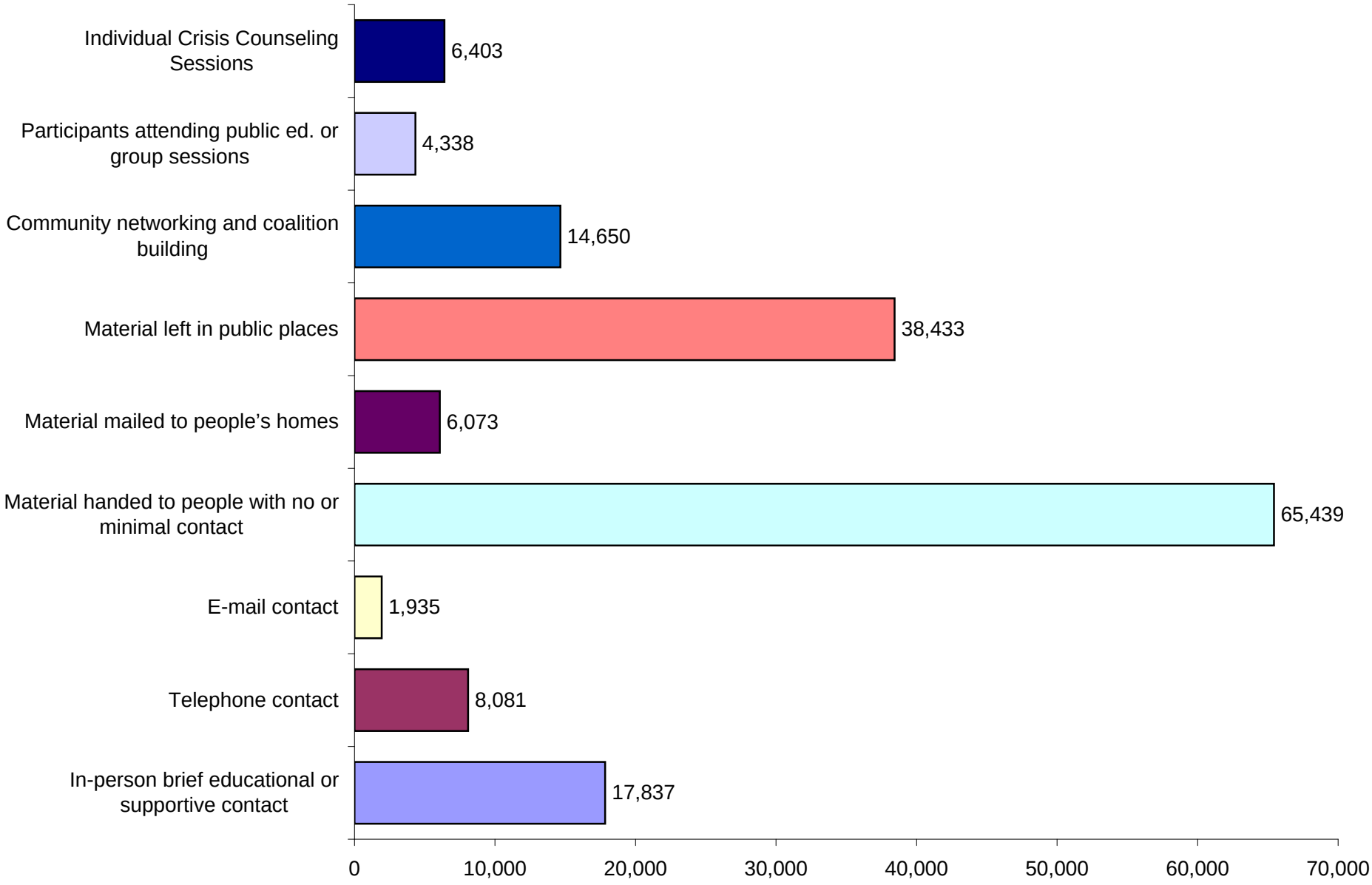
Data Source: FEMA project standard data collection forms

Bureau of Research and Statistics
Division of Results Based Accountability

Iowa Department of Human Services

Iowa Department of Human Services
Project Recovery Iowa
Contact Summary

Project Recovery Iowa
DEPARTMENT OF HUMAN SERVICES

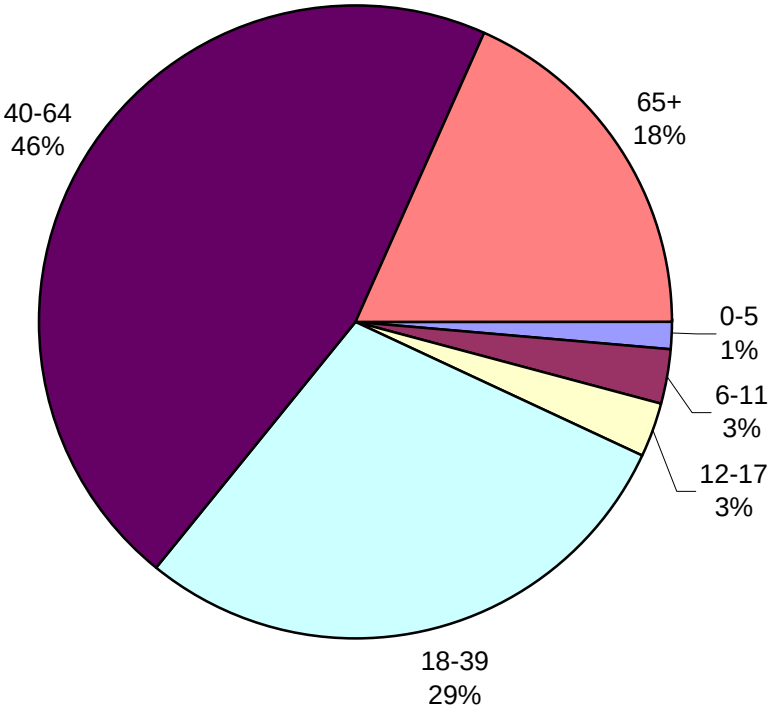


Iowa Department of Human Services

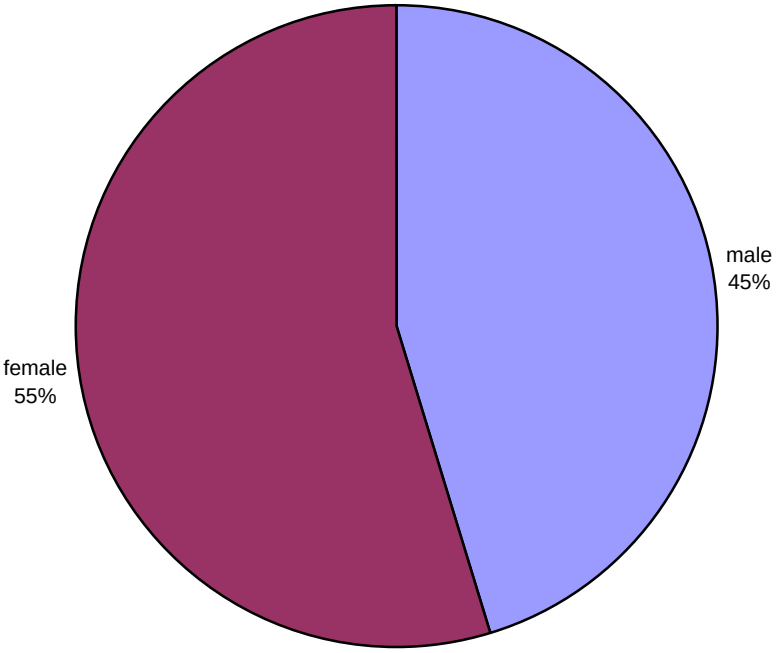
Project Recovery Iowa
DEPARTMENT OF HUMAN SERVICES

Demographic Profile of Individual Counseling Participants

Age



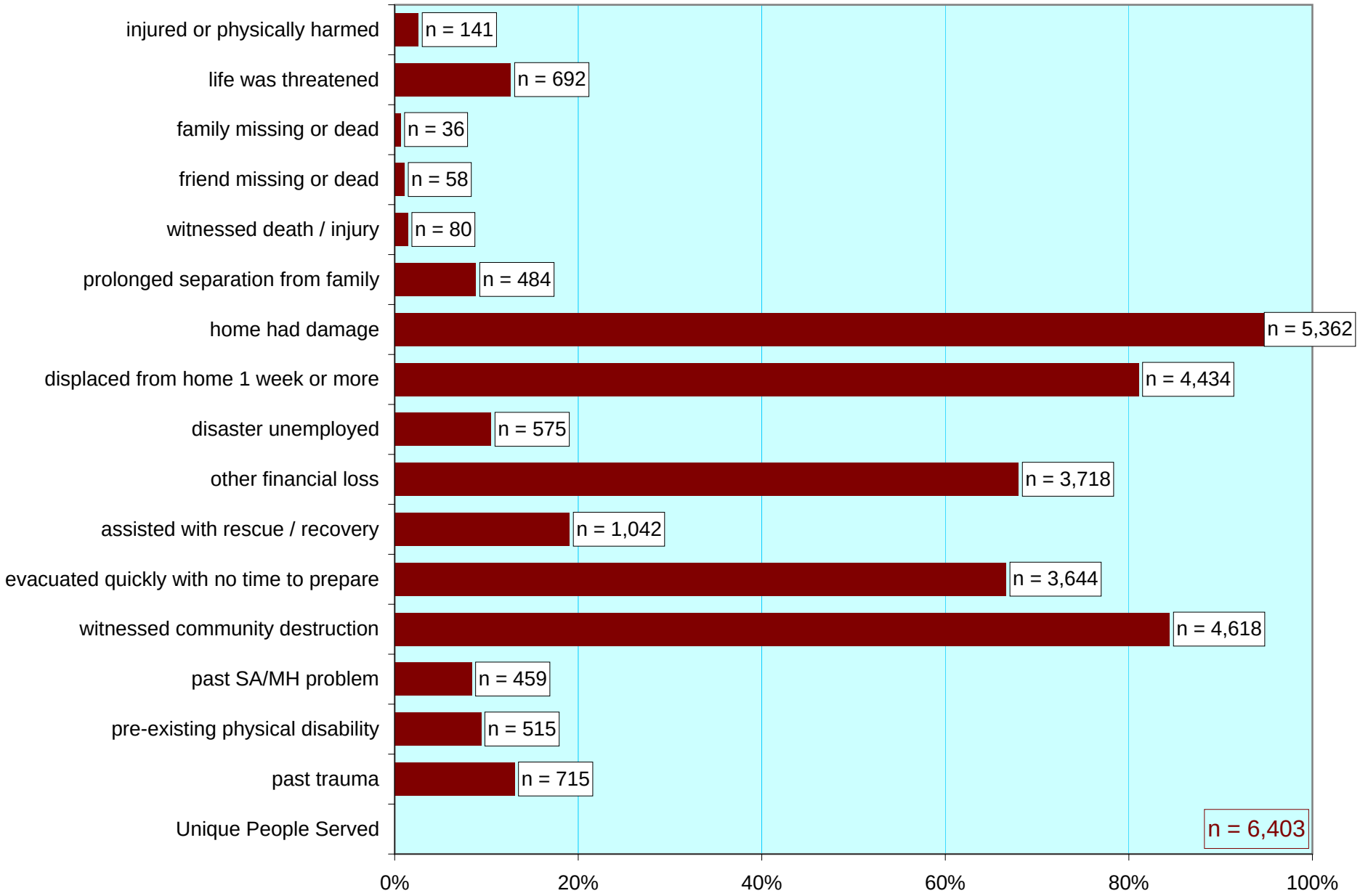
Gender



Project Recovery Iowa
DEPARTMENT OF HUMAN SERVICES

Iowa Department of Human Services
Project Recovery Iowa
Client-Identified Risk Categories
From All Individual Encounters With Recovery Staff

Iowa Department of Human Services

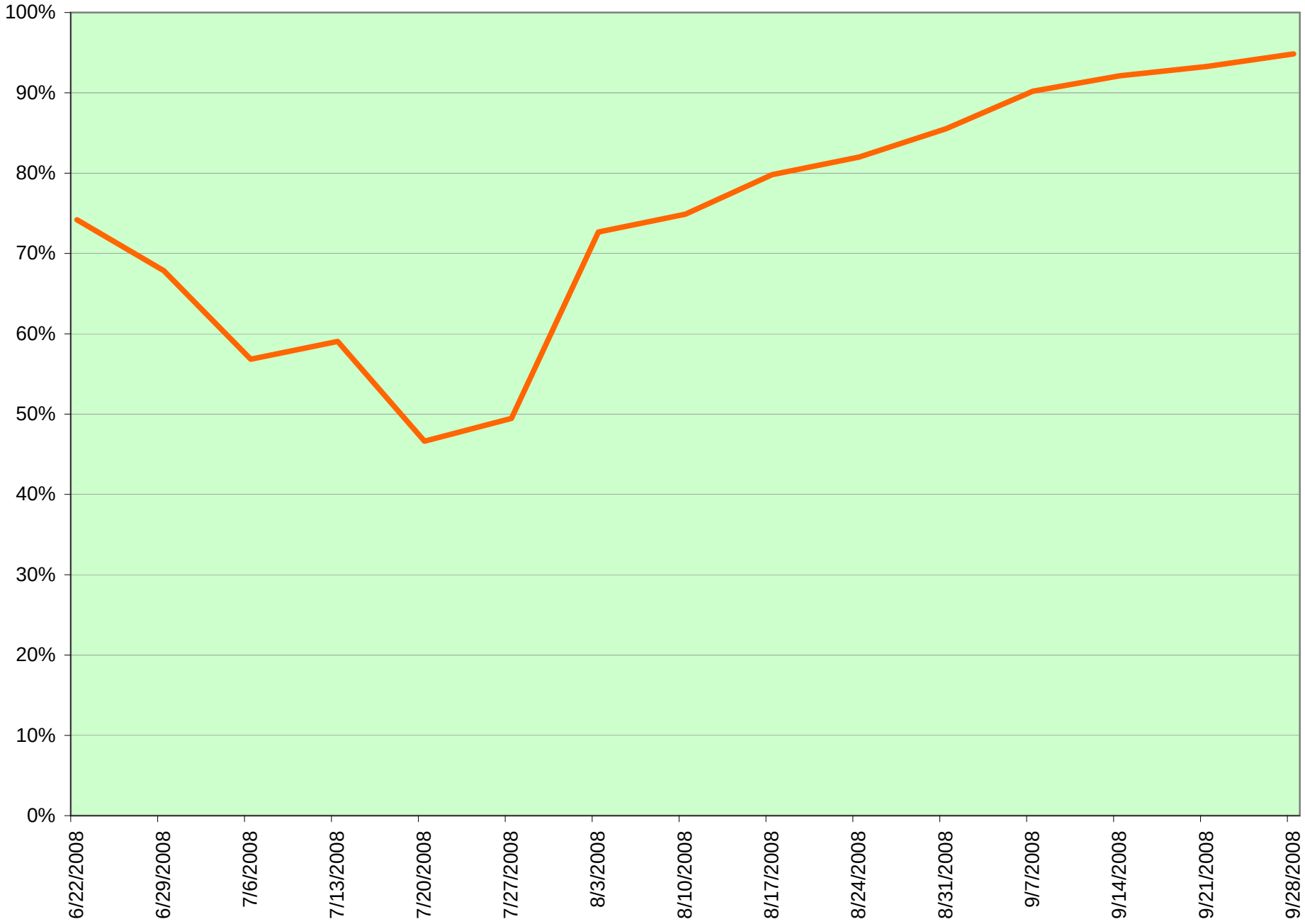


Project Recovery Iowa
DEPARTMENT OF HUMAN SERVICES

Iowa Department of Human Services

Percent of People Referred to Services by Week From Individual Encounters With Recovery Staff

Iowa Department of Human Services



The University Hygienic Laboratory

Contributions to Recovery Efforts from the Flood 2008

During the preparation and recovery phases of the flood of 2008, the University Hygienic Laboratory dramatically increased the number of tests it performs to detect disease and environmental contaminants in order to protect the health and property of Iowans.

Laboratory staff devoted more than 10,500 man-hours to rapidly analyze thousands of samples. Their work ensured that critical water supplies were safe to drink and dangers to the public health were quickly identified. This included:

- monitoring for contaminants in Iowa waterways;
- testing to ensure private well water and municipal water was safe to drink;
- vector-borne disease surveillance;
- screening for asbestos in debris; and
- disease control and environmental expertise for public health partners

Mason City officials recognized UHL's "hard work, dedication and true compassion during the recent flooding" with a certificate of appreciation, saying that UHL "efforts lessened the impact of the damage to the community."

Testing Volume and Cost

Surface water and sediment testing for Iowa Department of Natural Resources
Collected 493 surface water samples and 139 sediment samples
Performed 15,963 tests for 208 different analytes
Cost to Hygienic Laboratory..... $732,520

Municipal water testing
Tested 471 samples for June and July related to flood
Cost to Hygienic Laboratory..... $5,181

Private well water testing
Tested approximately 2,216 for June and July
An additional 180 flood-related tests performed for August-October
Cost to Hygienic Laboratory..... $26,356

Grants to Counties program (additional well water testing)
Distributed kits and performed 907 tests during June and July
Cost to Hygienic Laboratory.....$11,963

Surveillance and testing for vector-borne diseases
Collected 164 pools and performed related testing
Cost to Hygienic Laboratory..... $40,625

Asbestos testing in structural debris
Cost to Hygienic Laboratory..... $15,500

Testing kits, mailings and support materials
Cost to Hygienic Laboratory..... $7,565

TOTAL COST TO HYGIENIC LABORATORY..... $839,710

Staff time
Expertise in infectious diseases, environmental issues and industrial hygiene
TOTAL HOURS WORKED BY HYGIENIC LABORATORY..... 10,580